

# MEDICAL DIRECTION COMMITTEE MEETING

January 19, 2005

## Members Present

Peter Bruzzo, M.D.  
Asher Brand, M.D.  
George Lindbeck, M.D.  
Mark Franke, M.D.  
John Rawls, M.D.  
Stewart Martin, M.D.  
Sabina Braithwaite, MD  
Cheryl Lawson, M.D.

## Others Present

Don Barklage  
George Brown

## Staff Present

Tom Nevetral  
Warren Short  
Chad Blosser  
Scott Winston  
Steve Puckett  
Michael Berg

Item 1): Stewart Martin, M.D. (Chair) called the meeting to order at 10:38 AM in the conference room at the Office of EMS.

Item 2): Those present were asked to introduce themselves.

**Item 3): Motion by Sabina Braithwaite, M.D. and seconded by Mark Franke, M.D. to approve the minutes of the October 14, 2004 meeting as written... Motion passed.**

Item 4): Tom Nevetral gave a preliminary report on the Pilot Programs that have been identified and reported by the Regional EMS Councils to date. More information on these pilot programs will be reported at the next meeting.

Item 5): The difficult airway management trainer minimum specifications were discussed and a comparison summary sheet was reviewed to determine the minimum criteria for recommending a difficult airway management trainer. **Sabina Braithwaite, MD made a motion to accept the specifications for the PDA Stat manikin as the minimum specifications for a difficult airway management trainer. It was seconded by George Lindbeck, MD...Motion passed.**

Presently the following manikins have been identified as meeting or exceeding the minimum criteria for a difficult airway management trainer:

PDA Stat  
Laerdal SimMan  
Laerdal Airman  
METI HPS-10  
METI HPS-20

Item 6): The ALS Training Funds / Accreditation Update was given by Chad Blosser as he reported on the number of new Intermediate and Paramedic accreditations as well as the paramedic sites that received national accreditation.

Item 7): Gary Brown and Scott Winston gave an overview on the legislative grid and mentioned the following bills of interest: #2039, #2238, #2239, #2252, #2522, #2523 and #2525. There was also a resolution identifying a "motor-medic" program. There

was also considerable discussion on locality response times and the variables that would affect those times.

Gary Brown advised that an update on these resolutions would be forthcoming every Friday while they are in session and if anyone is interested in receiving the e-mail updates from Gary to please contact him by e-mail at [Gary.Brown@vdh.virginia.gov](mailto:Gary.Brown@vdh.virginia.gov)

Item 8): Old Business

- a. National EMS Scope of Practice Model Update – Stewart Martin, MD advised that the letter from the committee was sent to Amy Starchville at the NASEMSD. Stewart Martin attended the NAEMSP conference in Florida in early January and the discussion centered on a lot of distaste coming from the NAEMSP attendees over the proposed model.
- b. The December EMSAT program was developed to assist with the training for pre-hospital provider's use of epinephrine. The video will be issued to EMT Instructors and ALS-Coordinationators to assist in the training of this new program along with the MDC position paper on Prehospital Use of Epinephrine and the training outline for epinephrine administration by EMT-Basics. **George Lindbeck, MD made a motion to approve the position paper, training outline and EMSAT video as a training package for Prehospital Use of Epinephrine by EMT-Basics and it was seconded by Sabina Braithwaite, MD... Motion passed.** The *Pre-hospital Use of Epinephrine* training package will be submitted for the next State Advisory Board meeting for approval.

It was also stated that should providers request additional training audio-visuals they could utilize the "anaphylaxis" section from the Intermediate 99 curricula and supporting power point presentation.

Item 9): New Business

- a. Warren Short advised the committee that the attorney general's office has made a 180 degree turn on their previous ruling stating that the *EMS Training Programs Administration Manual* must be included in the regulations. If they were not then they could not be enforced. Michael Berg is awaiting response from the attorney general's office and will report at the next meeting.
- b. George Lindbeck, MD discussed capnography technologies and questioned how the RSAF process ranked capnography equipment funding requests. It was the consensus of the committee that capnography was beneficial with intubated patients and for RSI patients among others. **George Lindbeck, MD made a motion to encourage the RSAF committee to consider the bundle of new technologies that are available that include pulse oximetry, capnography, 12 lead monitors, etc. as a high need (priority) when considering the current submissions for this grant cycle. The motion was seconded by Sabina Braithwaite, MD. Motion ...passed.**

- c. There was a reminder that all medications needed to be secured (locked) with the exception of over-the-counter (OTC) medications.
- d. There was a discussion about Infection Control Practitioner's "over-kill" when it came down to ambulances being disinfected. There was a statement made that a hospital required that the drug box be "dumped" whenever it was used on a Methicillin-resistant *Staphylococcus aureus* (MRSA) infected patient. The committee advised that the ambulance should be "wiped down" after transporting a Mercer infected patient and the ambulance should receive a "bucket wash" for Vancomycin-resistant Enterococci (VRE).
- e. The MDC felt that they needed to be more involved in the PPCR data as this will be useful information and it will assist with identifying trends. Michael Berg stated that there are approximately one hundred agencies not reporting PPCR data as mandated by the regulations. There are steps being taken to improve on this issue. It was requested that Carolyn Halbert, Office of EMS Biostatistician give the MDC an update on the PPCR data.
- f. The Office is in the process of issuing OMD endorsement cards with the physician's unique OMD number, however only about 99 out of 500 physicians have responded to the Office with the required information to generate the OMD endorsement cards. This unique number will allow the physician to access the web page to view enforcement actions, CE for that pertains to their provider's, etc.
- g. There was a discussion concerning PA's assisting Medical Directors with EMS related issues. The consensus agreed that it was allowable to have them assist with training issues however it was not acceptable to allow PA's to sign test exemption waivers and other such documents that the Medical Directors were responsible for.

Item 10): Public Comment - none

Meeting Adjourned

**NEXT MEETING: April 20, 2005 at the Office of EMS at 10:30 AM**